

Date Received - For DCA Use
Only

Georgia Department of Community Affairs
60 Executive Park South NE
Atlanta, Georgia 30329
Telephone (404) 327-6897 Fax (404) 679-0669

HOME INVESTMENT PARTNERSHIPS PROGRAM COMMUNITY HOUSING DEVELOPMENT ORGANIZATION (CHDO)

2012 CHDO Renewal Application

Nonprofits designated by the State as a CHDO in the past must complete the CHDO Renewal Application to request funding under the HOME CHDO Predevelopment Loan Program, CHDO Operating Assistance Program or the CHDO set-aside of funds under the HOME Rental Housing Loan and the Permanent Supportive Housing programs. In addition, CHDOs with an existing project funded under any of these programs must renew their CHDO status to comply with the terms of their respective loan agreements.

Application Submission Deadlines

The State's qualification of a nonprofit as a CHDO expires December 31st. The following CHDO Renewal Application deadlines will apply for calendar year 2012:

If you intend to apply for:	Your CHDO Qualification Application is Due:	Your Project Application is Due:
CHDO Predevelopment Loan for Application to the HOME Rental Housing Loan Program:	At time of CHDO Predevelopment Loan submission.	Applications accepted at any time.
CHDO Predevelopment Loan for Application to the Permanent Supportive Housing Loan Program (PSHP):	At time of CHDO Predevelopment Loan submission.	6 months prior to intended application submission for PSHP Loan.
CHDO Predevelopment Loan for Application to the Georgia Dream Single Family Development Program (GDSFDP):	At time of CHDO Predevelopment Loan submission	Applications accepted at any time until all funds are reserved.
Permanent Supportive Housing Loan:	At time of application submission for the PSHP Loan.	Applications accepted at any time until all funds are reserved.
Georgia Dream Single Family Development Program:	At time of application submission to GDSFDP	Applications accepted at any time.
CHDO Operating Assistance Program (COAP):	At time of COAP Loan submission	Applications accepted at any time until all funds are reserved.
HOME Rental Housing Loan Program through the State QAP	At time of application submission to HOME Rental Housing Loan Program	Expected June, 2012

DCA will accept amendments to a CHDO's service area at any time. The CHDO may have up to one-third (53) of the States Counties as its service area.

Submission Date: _____

Name of Organization: _____

Primary Contact Person: _____

Federal Tax ID Number: _____

Mailing Address: _____

City, State, Zip: _____ County _____

Telephone Number: _____ Fax: _____

Email Address: _____

List counties in service area (Must be completed by all applicants): _____

List counties in which your organization or any related entity owns assets:

Please complete the following, circling the appropriate response as applicable:

1. Have you received any correspondence from the IRS regarding your tax-exempt status since submitting your last CHDO renewal or CHDO qualification application?

_____ **Yes** _____ **No**

If yes, submit copies of all IRS letters and your replies.

2. Have you amended your By-laws since submitting your last CHDO renewal or CHDO qualification application?

_____ **Yes** _____ **No**

If yes, submit copy of revised By-laws.

3. Have you amended your Articles of Incorporation since submitting your last CHDO renewal or CHDO qualification application?

_____ **Yes** _____ **No**

If yes, submit copies of new or revised amendments.

4. Have you applied for or been granted CHDO designation with any other PJs?

_____ **Yes** _____ **No**

If yes, provide a copy of the CHDO designation letter.

5. Complete the CHDO Board Member Certification package (Exhibit A.) Provide new CHDO Board Member Certifications for each member of your governing body. Please note that the current governing board of the organization must maintain (1) at least one-third of its membership for residents of low-income neighborhoods, other low-income community residents, or elected representatives of low-income neighborhood organizations; (2) have at least 51% of the board members who are Georgia residents; and (3) have no more than one-third of the governing board members who are public officials or public employees.

Number of Low-Income Certificates _____.

Total Number of Board Members Authorized in By-Laws: _____.

6. Have you added or lost any member of your organization's full time, paid housing staff since submitting your last CHDO renewal or CHDO qualification application?

_____ **Yes** _____ **No**

If yes, submit current resumes of all full time paid employee(s) responsible to conduct housing development, reflecting current title and job responsibilities and evidence of full time paid staff (e.g., pay stub or employee tax returns).

7. Has your governing body approved any changes to your organization's service area since submitting your last CHDO renewal or CHDO qualification application?

_____ **Yes** _____ **No**

If yes, submit a description of the changes to the current service area and the approved changes to the by-laws or board resolution documenting each change to the service area.

8. Has your governing body approved any changes to your formal process for soliciting input from the low-income community since submitting your last CHDO renewal or CHDO qualification application?

_____ **Yes** _____ **No**

If yes, submit a copy of the current approved process.

9. Submit a copy of your organization's financial statement for the previous fiscal year prepared in conformance with generally accepted accounting principals (GAAP). Generally Accepted Accounting Principles follow the accrual basis of accounting which follows that revenue is recorded when earned and expenses are recorded when incurred. Please include the most recent month's internally prepared interim financial statements **and** current year's budget. Check the report submitted based on the organization's previous fiscal year expenditures.

- A nonprofit organization which has expended on an accrual basis **\$100,000 or more** during its fiscal year in **State or Federal funds:**

→ Shall provide the most recent annual audit of the financial affairs and transactions of all the nonprofit's funds and activities, including auditor's notes, the most recent month's internally

prepared interim financial statements; and the current year's budget. The audit shall be performed in accordance with generally accepted accounting principals (GAAP).

- A nonprofit which has spent on an accrual basis **less than \$100,000** in **State or Federal funds** during the previous fiscal year:

→ Shall provide the most recent financial statements, including auditor's notes must be submitted. If the financials were not audited, an additional statement by the president 1) stating the president's belief as to whether the statements were prepared in conformance with GAAP, or if not, describing the basis of presentation, and 2) describing any respects in which the statements were not prepared on a consistent basis with previous years' statements. Also the most recent month's internally prepared interim financial statements including the balance sheet, income/expense statement, and current year's budget must be submitted.

10. Is your nonprofit incorporated in a state other than Georgia?

_____ **Yes** _____ **No**

If you responded "yes" to Question #10, please submit evidence of the following:

- a. An office in Georgia
- b. Paid staff located in Georgia
- c. A board comprised of no less than 51% Georgia residents.

11. Is your nonprofit registered on www.GeorgiaHousingSearch.org?

_____ **Yes** _____ **No** _____ **Not Applicable**

If you responded "yes" to Question #11, please submit a list of those properties.

AUTHORIZED OFFICIAL CERTIFICATION/SIGNATURE (Complete all).

- (1) The information and statements contained in this Application and any of its Attachments are true and correct;
- (2) Any information and/or documentation submitted in connection with this Application may be subject to public disclosure under the Georgia Open Records Act;
- (3) Neither it nor any of its principals is presently debarred, suspended, proposed for debarment or suspension, declared ineligible or excluded from participation in the HOME Program by any Federal department or agency;
- (4) No member, employee, officer, agent, consultant or official of the Applicant or Ownership Entity, nor any member of their immediate family, during his tenure or for one year thereafter, shall have any interest, direct or indirect, in any award of HOME funds made pursuant to this Application;
- (5) Any changes in the facts and information supplied in this Application or in any of its Attachments may result in denial or withdrawal of any HOME funding awarded.

Executed this _____ day of _____ 201_____

By _____
(Full Name of Applicant)

By _____
(Signature, Nonprofit Authorized Official)

(SEAL)

ATTACHMENTS CHECKLIST:

Please check in the applicant column for those documents included in the Application.

Applicant	List of Required Attachments	DCA Use
<input type="checkbox"/>	Changes to the Articles of Incorporation, if any	<input type="checkbox"/>
<input type="checkbox"/>	Changes to the By-laws, if any	<input type="checkbox"/>
<input type="checkbox"/>	Changes to the 501 (c) certificate from the IRS, if any	<input type="checkbox"/>
<input type="checkbox"/>	Last full year's financial statements or audit	<input type="checkbox"/>
<input type="checkbox"/>	Current month's financial statements or most recent	<input type="checkbox"/>
<input type="checkbox"/>	Current year's budget	<input type="checkbox"/>
<input type="checkbox"/>	Changes to the service area, if any	<input type="checkbox"/>
<input type="checkbox"/>	Changes to the paid professional staff (include resume)	<input type="checkbox"/>
<input type="checkbox"/>	Changes to process for soliciting input from low income community	<input type="checkbox"/>
<input type="checkbox"/>	CHDO Board Member Certification Package (Exhibit A)	<input type="checkbox"/>
<input type="checkbox"/>	List of properties registered on GeorgiaHousingSearch.org (if applicable)	<input type="checkbox"/>

Additional Information Requested

To better understand and serve your organizational needs, please provide additional information on the type of services provided directly by your organization: (Only check the items applicable to your organization).

Name of Nonprofit: _____

- Accessibility Improvements
- Architectural / Engineering
- Construction Management Services
- Credit Counseling
- Downpayment Assistance
- Employment Training
- Emergency / Transitional Housing Services
- Financial Consulting Services
- Grant Writing
- Historical Rehabilitation
- Homebuyer Education
- Housing Construction Company Owner / Subsidiary
- HUD Certified Housing Counseling Agency
- Legal Services
- Real Estate Development
- Real Estate Development Consultants
- Rental Property Management
- Rental Property Owner
- Single Family Rehabilitation
- Tool Bank
- Transportation & Delivery Services
- Weatherization Services

Supportive Housing Special Needs Provider to:

- Abused Spouses and Their Children
- Elderly
- Homeless
- Elderly
- Individuals with Developmental Disabilities
- Individuals with Mental Disabilities
- Individuals with Physical Disabilities
- Migrant Farm Workers
- Older Persons
- Persons with Alcohol or Other Drug Addictions
- Persons with HIV/AIDS

Please list below additional services provided by your organization not listed above:
